

041504
16558 U.S. PTO

PTO/SB/05 (06-03)

Approved for use through 07/31/2003. OMB 0651-0032

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17302 U.S.PTO
10/825406

041504

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonapplications under 37C.F.R. §1.53(b))

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

Attorney Docket No. PC9868D

First Inventor Anton F. Fliri

Title 2-(4-ARYL OR HETEROARYL-PIPERAZIN-1-YLMETHYL)-1H- INDOLE DERIVATIVES
INTERACTING WITH THE DOPAMINE

Express Mail Label No. EL 874868135 US

Mail Stop Patent Application
Commissioner for Patents
Box 1450
Alexandria, VA 22313-1450

1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or computer Program (Appendix)
2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
3. <input checked="" type="checkbox"/> Specification [Total Pages 27] (preferred arrangement set forth below) <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 	a. <input type="checkbox"/> Computer Readable Copy (CRF)
4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total sheets _____]	b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies) ii. <input type="checkbox"/> Paper
5. <input checked="" type="checkbox"/> Oath or Declaration [Total pages _____] a. <input checked="" type="checkbox"/> Newly executed (original or copy)	c. <input type="checkbox"/> Statement verifying identity of above copies
b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d)) (for continuation/divisional with Box 18 completed)	
i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	
6.. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	

18. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37CFR 1.76.

Continuation Divisional Continuation-in-part (CIP) of prior application No. 10/340,699

Prior application information: Examiner E. Bernhardt Group/Art Unit: 1624

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number 23913	<input type="checkbox"/> Correspondence address below	
Name _____		
Address _____		
City _____	State _____	Zip Code _____
Country _____	Telephone _____	Fax _____

NAME (Print/type)	Israel Nissenbaum	Registration No. (Attorney/Agent)	27,582
Signature		Date	April 15, 2004

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

FEE TRANSMITTAL

for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small status. See 37 CFR 1.27**Total Amount of Payment** **\$788.00****METHOD OF PAYMENT (check all that apply)** Check Credit Card Money Other None
Order Deposit Account:

Deposit Account Number	16-1445
Deposit Account Name	Pfizer Inc

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee
 to the above-identified deposit account.

FEE CALCULATION**1. BASIC FILING FEE****Large Entity** **Small Entity**

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	770
1002	340	2002	170	Design filing fee	
1003	530	2203	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	filng fee	

Subtotal (1)s **\$ 770****2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

		Extra Claims	Fee from below	Fee Paid
Total Claims	21	- 20** =	1 x 18	18
Independent Claims	1	- 3 =	0 x 0	0
Multiple Dependent				= 18

Large Entity	Small Entity	Fee Description
Fee Code	Fee (\$)	Fee Description
1202	18	2202 9 Claims in excess of 20
1201	86	2201 43 Independent claims in excess of 3
1203	290	2203 145 Multiple dependent claim, if not paid
1204	86	2204 43 **Reissue independent claims over original patent
1205	18	2205 9 **Reissue independent claims over original patent

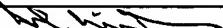
(\$ 18

**or number previously paid, if greater; For Reissues, see above

Complete if Known						
Application Number			Not yet assigned			
Filing Date			Concurrently herewith			
First Named Inventor			Anton F. Fliri			
Examiner Name			Bernhardt, E.			
Art Unit			1624			
Attorney Docket No.			PC9868D			
FEE CALCULATION (continued)						
3. ADDITIONAL FEES		Large Entity	Small Entity	Fee Description		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		Fee Paid
1051	130	2051	65	Surcharge – late fee or oath		
1052	50	2052	25	Surcharge–late filing fee or cover sheet		
1053	130	1053	130	Non-English specification		
1812	2,520	1812	2,520	For filing a request for <i>Ex Parte</i> reexamination		
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action		
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action		
1251	110	2251	55	Extension for reply within first month		
1252	420	2252	210	Extension for reply within second month		
1253	950	2253	475	Extension for reply within third month		
1254	1,480	2254	740	Extension for reply within fourth month		
1255	2,010	2255	1,005	Extension for reply within fifth month		
1401	330	2401	165	Notice of Appeal		
1402	330	2402	165	Filing a brief in support of an appeal		
1403	290	2403	145	Request for oral hearing		
1451	1,510	1451	1,510	Petition to institute a public use proceeding		
1452	110	2452	55	Petition to revive unavoidable		
1453	1,330	2453	665	Petition to revive – unintentional		
1501	1,330	2501	665	Utility issue fee (or reissue)		
1502	480	2502	240	Design issue fee		
1503	640	2503	320	Plant issue fee		
1460	130	1460	130	Petitions to the Commissioner		
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)		
1806	180	1806	180	Submission of Information Disclosure Stmt		
8021	40	8021	40	Recording each patent assignment per property (times number of properties)		
1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))		
1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))		
1801	770	2801	385	Request for Continued Examination (RCE)		
1802	900	1802	900	Request for expedited examination of a design application		
Other Fee (specify)						
*Reduced by Basic Filing Fee Paid						Subtotal (3) (\$

SUBMITTED BY

(Complete if applicable)

Name (Printed/Type)	Israel Nissenbaum	Registration No.	27,582	Telephone	212-733-6475
Signature					

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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